

CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2901511 0 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

2633 Michigan Ave
Detroit, MI 48216
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

PAYNE LANDSCAPING INC
7635 E DAVISON
DETROIT, MI 48207

| | | |
|---------------|------------------------|---------------------------|
| SUPPLIER NO. | DATE OF ORDER/BUYER | REVISED DATE/BUYER |
| 1050467 | 03-DEC-14 B Washington | |
| PAYMENT TERMS | SHIP VIA | F.O.B. |
| 2% 30 Days | Unspecified | Delivered |
| FREIGHT TERMS | REQUESTOR/DELIVER TO | CONFIRM TO / TELEPHONE |
| Your Delivery | | T PAYNE SR (313) 259-4364 |

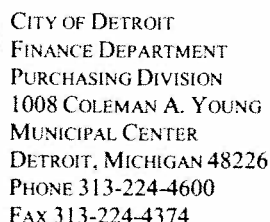
| LINE | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|------|--|---------------|----------|------|------------|-----------|-----|
| | THIS PURCHASE ORDER IS IN ACCORDANCE WITH RFQ. 49313 AND PERIOD AGREEMENT CCR: | | | | | | |
| | FURNISH: SNOW REMOVAL SERVICES (RESIDENTIAL STREETS) FOR THE CITY OF DETROIT DEPARTMENT OF PUBLIC WORKS FOR SIXTEEN (16) MONTHS WITH TWO (2) - ONE (1) YEAR RENEWAL OPTIONS | | | | | | |
| | F.O.B.: JOB-SITES VARIOUS LOCATIONS | | | | | | |
| | PROTECTION OF WORK, PERSONS, AND PROPERTY: | | | | | | |
| | DURING PERFORMANCE AND UP TO DATE OF FINAL ACCEPTANCE, THE CONTRACTOR SHALL BE UNDER ABSOLUTE OBLIGATION TO PROTECT THE FINISHED AND UNFINISHED WORK AGAINST ANY DAMAGE, LOSS OR INJURY. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS TO PROTECT THE PERSONS AND PROPERTY OF THE CITY FROM DAMAGE, LOSS OR INJURY DURING PERFORMANCE UNDER THIS CONTRACT. | | | | | | |
| | TERMINATION OF CONTRACT: | | | | | | |
| | AT ANY TIME DURING THE CONTRACT THE CITY MAY TERMINATE THE AGREEMENT FOR REASON OF POOR OR DEFICIENT WORK PERFORMANCE, INABILITY OF THE CONTRACTOR TO SUPPLY TRAINED COMPETENT TECHNICIANS, OR LACK OF SERVICE AS DESCRIBED IN THIS AGREEMENT BY GIVING A 10-CALENDAR DAY NOTICE IN WRITING. EITHER PARTY MAY TERMINATE THE AGREEMENT BY GIVING A 30-CALENDAR DAY WRITTEN NOTICE TO TERMINATE. THE CITY RESERVES THE ABSOLUTE RIGHT TO TERMINATE THIS CONTRACT IN WHOLE OR IN PART, FOR THE CONVENIENCE OF THE CITY AT ITS SOLE DISCRETION ON THIRTY (30) DAYS WRITTEN NOTICE TO THE VENDOR. | | | | | | |

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

Continued

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



Purchase Order

| | | |
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| PURCHASE ORDER NO. | REVISION | PAGE |
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SUPPLIER NO.

DATE OF ORDER/BUYER

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1050467

03-DEC-14 B Washington

PAYMENT TERMS

SHIP VIA

FOB

2% 30 Days

Unspecified

Delivered

FREIGHT TERMS

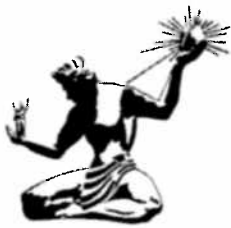
REQUESTOR/DELIVER TO

CONFIRM TO / TELEPHONE

Your Delivery

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PO Purchase Order



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1050467

DATE OF ORDER/BUYER

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REVISED DATE/BUYER

PAYMENT TERMS

2% 30 Days

SHIP VIA

Unspecified

F.O.B.

Delivered

FREIGHT TERMS

Your Delivery

REQUESTOR/DELIVER TO

CONFIRM TO / TELEPHONE

T PAYNE SR (313) 259-4364

| LINE | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|------|--|---------------|----------|------|------------|-----------|-----|
| 1 | 600151 SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 3, BASE BID | | | Each | 61206 | | |
| 2 | 600152 SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 4, BASE BID | | | Each | 47852 | | |

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Total

872,464.00

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

PURCHASING DIVISION - CITY COUNCIL RECOMMENDATION SHEET

REJECTION () EQUALIZATION APPLIED () CITY COUNCIL APPROVAL DATE: _____

BUYER'S APPROVAL: BW 12/3/14 PO. NO 2901511 RFQ NO 49313 REQ. NO.(S) _____
INITIALS DATE

SUPERVISOR'S APPROVAL: _____ NO WAIVER OF RECONSIDERATION
INITIALS DATE

AWARD NOTICE BY: _____ TO CITY COUNCIL BY _____

STANDARD P.O. () B.P.O. (X) C.P.O. () AWARD SHEET ATTACHED (2 - 1YR) RENEWAL OPTIONS

COMMODITY Snow Removal Services (Residential Streets)

PERIOD: (IF CONTRACT) FROM December 1, 2014 TO April 30, 2016

AWARDED TO: (NAME OF COMPANY) Payne Landscaping (Award 2 of 4)

ADDRESS 7635 E. Davison. CITY Detroit STATE MI ZIP 48212
(STREET ADDRESS NOT A P.O. BOX #)

PAYMENT TO: [X] AS ABOVE OR ADDRESS CITY STATE ZIP

EXPIRATION DATE

Approved HRD
09/18/2015 INCOME TAX
01/15/2015 REAL ESTATE TAX
01/15/2015 PERSONAL PROPERTY TAX
EXECUTIVE ORDER 22

BUYER'S INITIALS

BW

() SOLE BID
(X) LOWEST BID X DETROIT BASED
() LOWEST TOTAL BID OPEN
() LOWEST ACCEPTABLE BID SUB-CON
() LOWEST EQUALIZED BID

ESTIMATED COST: \$872,464.00/2yrs ACTUAL COST: \$ _____

EQUALIZATION STATISTICS: LOWEST EQUALIZED VENDOR _____ EQUALIZED SAVINGS: \$ _____
ACTUAL LOWEST VENDOR _____ NON-EQUALIZED SAVINGS: \$ _____

SAVINGS: PREVIOUS CONTRACT AMT: \$ _____ POTENTIAL SAVINGS: \$ _____

QUANTITY: _____ OR NO. OF ITEMS 1 UNIT PRICES RANGE FROM: \$47,852.00/ea. TO: \$61,206.00/ea.

USING DEPARTMENT(S): Department of Public Works

| | | | | |
|------------------------------------|----------------------------------|-----------------------------|-------------------------|---------------------------|
| NO. OF BIDS SOLICITED <u>32</u> | NO. OF BIDS RECEIVED <u>5</u> | STREET FUNDS <u>100%</u> | STATE FUNDS <u>%</u> | FEDERAL FUNDS <u>%</u> |
|------------------------------------|----------------------------------|-----------------------------|-------------------------|---------------------------|

CHARGE ACCOUNT: 3302-190868-000050-617900-06425-000000-A4570

PRICE(S) ARE [X] Firm for contract period TERMS: 2% 30 DAYS OR _____

RECOMMENDATION

PARTICULARS
FORMAL (X)
INFORMAL ()

GUARANTEES

BID DEPOSIT (X) \$ 1,000.00
PERFORMANCE BOND () \$ _____
PAYMENT BOND () \$ _____

INSURANCE

PROP. DAMAGE (P/O) (X) \$ see attached
PUBLIC LIABILITY (B/I) (X) \$ see attached
MICH WORKER'S COMP (X) STATUTORY REQ.

BID BOND RETURNED () OTHER () \$ _____ C OF D ASSDL NAME INS. () P/L () P/D () OTHER

CC DEC 18 2014 3 2014

FOR CLERICAL USE:

ALB: _____
AWD: _____

REJLTR: _____
COMPLETED: _____

Purchasing Staff
Contracts Held and Approved from List
Submitted Week of Dec. 8, 2014

Page 2

The following contracts were submitted for the Week of December 8, 2014; No requests to hold the contracts were received in the City Clerk's Office and are considered APPROVED.

| | | | |
|---------------------|--|--------------------------|--------------|
| 2854364,Purch.Incr. | Boulevard and Trumbull | + \$325,000 to \$920,000 | PUBLIC WORKS |
| 2901403 | Pavex Corp. (snow removal,Dist. 6) | \$526,000 | PUBLIC WORKS |
| 2901503 | J.E. Jordan Landscaping (snow removal,Dist. 5) | \$636,760 | PUBLIC WORKS |
| 2901511 | Payne Landscaping (snow removal,Dist. 2,3,4) | \$872,464 | PUBLIC WORKS |
| 2901443 | Brilar, LLC (snow removal,Dist. 1,2,7) | \$1,432,000 | PUBLIC WORKS |
| 86815 | LaDon Davis (Leland) | + \$15,000 to \$60,936 | CITY COUNCIL |
| 86816 | Joseph Rheker, III (Leland) | + \$5,000 to \$66,241 | CITY COUNCIL |
| 87029 | Betty Smith Simmons (Cushingberry) | \$26,068.32 | CITY COUNCIL |
| 87016 | Jacqueline Duncan (Cushingberry) | \$12,498.60 | CITY COUNCIL |
| 87032 | Mark Toaz (Law clerk) | \$15,000 | LAW |
| 87046 | Tiffany A. Boyd (Attorney) | \$37,200 | LAW |

cc: City Council offices

Detroit City Council

Legislative Policy Division

TO: Purchasing Division Staff

FROM: David Teeter

DATE: December 11, 2014

RE: **PURCHASING ITEMS SUBMITTED TO THE CITY COUNCIL FOR THE
WEEK OF December 8, 2014**

The following contracts and purchase orders were reported to the City Council during the Recess Week of December 1, 2014. Under the Recess procedures, approved by the City Council on November 18, 2014, contracts submitted for the Week of December 8 are considered approved and can be processed on Thursday, December 11, 2014, if not held by a Council Member.

The City Clerk's office received 2 requests to hold contracts from the list submitted for the Week of December 8, 2014.

Contracts Requested to Be HELD

2832588, Amend. 5 Detroit Building Authority + \$2,270,000 to \$65,770,000 FINANCE
Held by Council Member James Tate; See Attached Memo for questions;
Held by Council President Brenda Jones.

2832588, Amend. 6 Detroit Building Authority + \$2,000,000 to \$67,770,000 FINANCE
Held by Council Member James Tate; See Attached Memo for questions;
Held by Council President Brenda Jones.

2853050, Renew LaGarda Security \$1,968,200 GEN. SERVICES / MUN. PARK
Held by Council Member James Tate; See Attached Memo for questions.

2901510, Conf. Req. Strategic Staffing Solutions \$125,399.49 HOMELAND SECURITY
Held by Council Member James Tate; See Attached Memo for questions;
Held by Council President Brenda Jones.

*The following contracts were submitted for the Week of December 8, 2014; No requests to hold the contracts were received in the City Clerk's Office and are considered **APPROVED**.*

2894883, Purch. Incr. Downtown Auto Wash + \$25,000 to \$94,540 CITY-WIDE (DOT)

2854365, Extend. Ric-Man Detroit + \$0.00 to \$519,168 PUBLIC WORKS



City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here)

Date Received: 00/00/2014

Date: 11/12/2014 Department Public Works Division: Street Maintenance

Dept Head/Contact Person: Jose Abraham Phone No.: 313-224-3932

Description:

Residential Snow Plowing Districts 3 and 4

brief explanation of function or need of the goods/services

Contract No.: 2901511 PO Type: Blanket Est. Value: \$ 872,464.00
~~462,941~~

Contract Term (if applicable): 12/1/14 to 4/30/16

Funding: City State 100% Federal % Other: %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Payne Landscaping Required Date: 12/01/2014

1. The business being awarded is NEW / . If a renewal, provide justification for renewal: _____

2. Was the product or service competitively bid? ☒ Yes ☐ No

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: _____

3. Was a Co-Operative Agreement Considered? ☐ Yes ☒ No Co-Operative Name: _____

If answer to #3 is "No" explain why a Co-Op was not considered: N/A

4. Were savings achieved?

☐ Yes Amount \$ _____

☐ No



5. Does this agreement represent an increase?

☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

☐ Change in amount/volume of the good or service to be used. _____.

6. Does the supplier currently provide other goods and services to the City? ☒ Yes ☐ No

If yes please list: _____

7. Is this good/service used by other departments? ☐ Yes ☒ No

If "yes" can this Req/PAR be combined other department requirements? ☐ Yes ☐ No

8. Is this a service that can be performed by City employees? ☐ Yes ☒ No

Is this a service that City employees can be trained to do? ☒ Yes ☐ No

NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes _____ No _____

☐

PLACE ON EMERGENCY MANAGER AGENDA

☒

PLACE ON CITY COUNCIL AGENDA

☐

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____

(Department)

DATE: 11-13-2014

INFORMATION PROVIDED BY: _____

TITLE: _____

PHONE: _____

[View assistance for Search Results](#)

Search Results

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

No records found for current search.

Payne Landscaping

- Gl
- Sea
- Res
- Entit
- Excl
- Sea
- Filte
- By R
- Stat
- By
- Func
- Area
- Man
- By
- Func
- Area
- Perf
- Info

SAM | System for Award Management 1.0

IBM v1.P.23.20141126-1047

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



Bianca Washington - Your Requested D&B D-U-N-S® Number

From: <no-reply-support@dnb.com>
To: <washingtonb@detroitmi.gov>
Date: 12/03/2014 2:27 PM
Subject: Your Requested D&B D-U-N-S® Number

"



Dear Bianca Washington,

The following is the DUNS number for PAYNE LANDSCAPING, INC:

DUNS number: 964974760

[Check out D&B's full line of credit reports available on this company](#)

We would like to offer you a 10% discount on your next purchase when you purchase more than \$100. To take advantage of this discount please apply discount code **dunslookup** at the time of purchase.

Note : Discount is only applicable to US based reports.

If you have any problems or questions about your reports, please don't hesitate to call us at (855) 457-1670. We are here to help you with credit information needs i.e., running credit reports on other companies.

"



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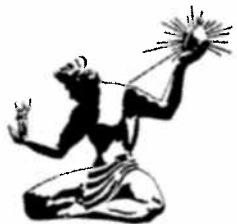
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| | <p>PAYMENT:</p> <p>THE INDIVIDUALS RESPONSIBLE FOR ACCEPTING PERFORMANCE UNDER THIS PURCHASE ORDER IS LADIVA HOLMAN (313) 224-3903</p> <p>THE CONTACT PERSONS FROM WHOM PAYMENT SHOULD BE REQUESTED ARE SHASI BERI AT (313) 224-3409 AND STEVE SCOTT AT (313) 224-3923</p> <p>IT IS THE VENDOR'S RESPONSIBILITY TO MAIL OR CAUSE TO BE DELIVERED A VALID ORIGINAL INVOICE TO FINANCE, ACCOUNTS PAYABLE SECTION WITH A PHOTOGRAPHIC COPY TO THE CONTRACTING OFFICER DESIGNATED WITHIN THE CONTRACT OR PURCHASE ORDER. THE MAILING OF DUPLICATE ORIGINAL INVOICES IS STRICTLY PROHIBITED.</p> <p>A VALID INVOICE MEETS THE FOLLOWING REQUIREMENTS:</p> <p>VENDOR INFORMATION: FULL NAME OF BUSINESS, FEDERAL IDENTIFICATION NUMBER, UNIQUE INVOICE NUMBER, DATE OF INVOICE, REFERENCE TO CITY OF DETROIT PURCHASE ORDER NUMBER, PART OF ITEM NUMBER (AS REFERENCED IN THE PURCHASE ORDER)</p> <p>QUANTITY AND PRICING INFORMATION: DESCRIPTION OF GOODS OR SERVICES, PART OR ITEM NUMBER (AS REFERENCED IN THE PURCHASE ORDER), QUANTITY OF GOODS OR SERVICES PROVIDED, UNIT PRICE OF GOODS OR SERVICES PROVIDED, PART OR ITEM SUBTOTAL (QUANTITY * UNIT COST), DISCOUNT TERMS (IF APPLICABLE)</p> <p>DELIVERY INFORMATION: LOCATION AND DATE OF DELIVERY OF GOODS OR SERVICES PROVIDED, DELIVERY TERMS (AS REFERENCED IN THE PURCHASE ORDER AGREEMENT)</p> | | | | | | |

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

Continued

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER
DOES NOT AGREE WITH THE
BID YOU SUBMITTED,
PLEASE CONTACT THE
PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO. 2901511 REVISION 0 PAGE 3

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

2633 Michigan Ave
Detroit, MI 48216
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit, MI 48226
United States

SUPPLIER

PAYNE LANDSCAPING INC
7635 E DAVISON
DETROIT, MI 48207

| SUPPLIER NO. | | DATE OF ORDER/BUYER | | REVISED DATE/BUYER | |
|---------------|--|------------------------|--|---------------------------|--|
| 1050467 | | 03-DEC-14 B Washington | | | |
| PAYMENT TERMS | | SHIP VIA | | F.O.B. | |
| 2% 30 Days | | Unspecified | | Delivered | |
| FREIGHT TERMS | | REQUESTOR/DELIVER TO | | CONFIRM TO / TELEPHONE | |
| Your Delivery | | | | T PAYNE SR (313) 259-4364 | |

| LINE | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|---|--|---------------|----------|------|------------|------------|-----|
| Purchase Agreement Effective From: 01-DEC-14 To: 30-APR-16 | | | | | | | |
| 1 | 600151 SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 3, BASE BID | | | Each | 61206 | 872,464.00 | |
| 2 | 600152 SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 4, BASE BID | | | Each | 47852 | | |
| Total | | | | | | 872,464.00 | |

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

Type of Clearance: ☐ New ☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

A. To:
City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 130
Detroit, MI 48226

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4583

For:
Individual or
Company Name Payne Landscaping Inc.
Address 7635 E. Davison

City Detroit
State MI Zip Code 48212
Telephone (313) 259-4364 Fax # (313) 855-3664
E-mail Address paynesland@sbcglobal.net

B. Name of Chief Financial Officer/Authorized Contact Person
(include address if different from above)

Terry Payne

Employer Identification or Social Security Number
38-3246479

Telephone # (313) 215-2074

Fax # (313) 855-3664

Spouse Social Security Number

Nature of Contract _____ BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ _____

Contract # (if known) _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One: ☐ Individual ☒ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (if yes, include spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent on someone else's tax return? ☐ Yes ☐ No
3. Were you employed during the last seven (7) years? ☐ Yes ☐ No
4. Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). ☐ Yes ☒ No
6. Will the company have employees working in Detroit? ☒ Yes ☐ No
7. Will the company use sub-contractors or independent contractors in Detroit? ☒ Yes ☐ No

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the Michigan Tax Ordinance?

☒ Yes ☐ No

Signature LUCHETIA JENKINS Date SEP 18 2014 Expires SEP 18 2015

☐ Yes ☐ No

Signature _____ Date _____ Expires _____

☐ Yes ☐ No

Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

PURCHASING DIVISION
VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections
Purchasing Vendor
1012 Coleman A. Young Municipal Center
Detroit, MI 48228
(313) 224 - 4087 (Telephone)
(313) 224 - 4238 (Fax)

Nature of Contract _____
Contract Amount _____

Business Type: ☒ Corp () Partnership () Sole Proprietorship () Personal Services

Business Name PAYNE LANDSCAPING

Business Address 7635 E. DAVISON

Ward/Item # _____

F.I.D. NO. 38-3246479

City Personal Property I.D. # 15990376.01

Owner(s) Name TERRY PAYNE SR

Owner(s) SS# _____

Contact Person TERRY PAYNE

Phone Number _____

Fax Number 885-3664

Owner(s) Home Address 590-N-PIPER () Lease () Own

Please do not write below this line for department use only.

Real Property Special Assessment Personal Property Other Receivable

() Denied () Denied () Denied () Denied
() Approved () Approved () Approved () Approved

Comments: _____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will receive a receipt for keeping the clearance and submitting a photocopy to Purchasing with your package.

Signature (City of Detroit)

SEP - 4 2014

Date

JAN 15 2015

Expiration Date

paynesland@sbcglobal.net

* 28

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the Payne Landscaping, INC (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 49313

Duration of Covenant _____

Printed Name of Contractor/Organization Payne Landscaping, INC

(Type or Print Legibly)

Contractor Address: 7635 E. Davison Det MI 48212

(City)

(State)

(Zip)

Contractor Phone/E-mail 313 885 6770 Paynesland@sbcglobal.net

Printed Name & Title of Authorized Representative TERRY PAYNE SA

Signature of Authorized Representative [Signature]

Date 10/22/14

*** This document MUST be notarized *****

Signature of Notary [Signature]

Printed Name of Seal of Notary: KIMBERLY MURPHY

My Commission Expires: 02/17/2016

KIMBERLY MURPHY
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF WAYNE
My Commission Expires 02/17/2016

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: 1/1/15

Received by: _____ Title: _____

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|---|--|
| PRODUCER Eastern Michigan Agencies Inc 24220 Jefferson Ave St. Clair Shores MI 48080 | | CONTACT NAME: Stacie Stultz PHONE (A/C No. Ext): (586) 778-9900 FAX (A/C No.): (586) 778-9915 E-MAIL ADDRESS: sstultz@emainsurance.com | |
| INSURED Payne Landscaping Inc 7635 E Davison St Detroit MI 48212 | | INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Company NAIC # 31534 INSURER B: North Pointe Insurance Company 0026 INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:** 14-15**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|--|----------|---------------|-------------------------|-------------------------|--|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | L7B9534369 | 5/1/2014 | 5/1/2015 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | |
| | A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | AHB9534191 | 5/1/2014 | 5/1/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE | | | U7B0018840 | 5/1/2014 | 5/1/2015 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | NPWC404435 | 9/17/2014 | 9/17/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Detroit is included as additional insured on the General Liability for work performed by the Named Insured with written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit
Finance Dept - Purchasing Division
1008 Coleman A Young
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeffrey Mattes/SFS

Hiring Policy Compliance Affidavit

I, TERRY PAYNE SR, being duly sworn, state that I am the
CEO of PAYNE Landscaping
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

[Signature]
Title: C-E-O Date: 10/22/14

STATE OF MICHIGAN
COUNTY OF WAYNE) SS

The foregoing Affidavit was acknowledged before me the 22nd day of OCT, 2014
by KIMBERLY MURPHY

Notary Public, County of Wayne

State of Michigan

My commission expires 2/17/2016



EMPLOYMENT APPLICATION

Payne Landscaping, Inc

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle
 Present Address _____
 City _____ State _____ Zip _____ Telephone # _____
 E-Mail Address _____ Alternative Telephone # _____

EMPLOYMENT INTEREST

Date _____ Position Applied for _____ Earliest Date Available _____
 Salary Desired _____ Location Desired _____
 Type of Employment Desired ☐ Management ☐ Non-Management
☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call ☐ Summer
 How were you referred? ☐ Ad ☐ Web ☐ Agency ☐ School ☐ Employee ☐ Other
 Please specify source: _____
 Have you ever applied for work with or been employed by _____
 Landscaping, _____ Payne
☐ Yes ☐ No If yes, when and where? _____
 If previously employed, please answer the following:
 Supervisor's Name, Title and Phone #: _____
 Reason for Leaving: _____
 If applying for a management position, are you willing to relocate? ☐ Yes ☐ No
 If yes, please specify where: _____

PERSONAL

Are you over 18 years of age? ☐ Yes ☐ No If no, give date of birth _____
 Do you have unrestricted authorization to work in the United States? ☐ Yes ☐ No
 If no, what is your current visa status and when does your visa status expire?
 Visa status: _____ Expiration Date: _____
 Are there any restrictions on the hours or days you are able to work? ☐ Yes ☐ No
 If yes, please explain: _____
 Foreign Languages: _____ ☐ Read ☐ Write ☐ Speak
 _____ ☐ Read ☐ Write ☐ Speak
 Please include any other information you think would be helpful to us in considering you for employment, such as
 additional work experience, activities, accomplishments, etc.

May we contact your present employer to verify the above?

☐ Yes, you may contact anytime.

☐ Do not contact now. You may contact at a later date.

(Please specify, e.g. after acceptance of offer or a specific date, if appropriate.)

Have you ever been dismissed or forced to resign from employment? ☐ Yes ☐ No

If yes, please explain:

EDUCATIONAL HISTORY

| Type of School | Name and Address Of School | Dates Attended From To Month/Year Month/Year | | Graduated | Type of Degree, Diploma or Certificate | Major/Minor/Field of Study |
|--------------------------------|-------------------------------|--|--|---|---|-------------------------------|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College Or University | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other Education or Training | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Academic Achievements or Activities: Please list academic honors, scholarships, or fellowships, memberships in academic honorary societies, or participation in or offices held in extracurricular activities you consider significant.

List current professional licenses, registration, and professional organizations or affiliates, if any.

(You must include license / registration numbers in specific states / jurisdictions where you may be licensed or registered.)

PROFESSIONAL OR PERSONAL REFERENCES

| Name | Years Known | Occupation | Complete Address | Telephone |
|------|-------------|------------|------------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Are any of your professional references associated with your current employer?

If yes, may we contact that individual now?

☐ Yes, you may contact anytime.

☐ Do not contact now. You may contact at a later date.

(Please specify, e.g. after acceptance of offer or a specific date, if appropriate.)

EMPLOYMENT EXPERIENCE

Please list your job history for the past six years or the last four employers (whichever covers a longer period of time). Start with your present status and note any periods in which you were not employed. Include U.S. Military Service, summer/part-time jobs, and cooperative education assignments.

This information must be completed even if a resume is provided.

| | | | |
|---|-----------------------|--------------------|--|
| Company Name | Date Started | Date Left | Starting Position |
| Address | Full-Time | Part-Time | Last Position |
| | | | Describe Major Duties: |
| Phone # | Starting Salary \$ | Final Salary \$ | |
| Reason for leaving | | | |
| Name of Supervisor, Title, and Phone Number | | | Additional References and Phone Number(s): |

| | | | |
|---|-----------------------|--------------------|--|
| Company Name | Date Started | Date Left | Starting Position |
| Address | Full-Time | Part-Time | Last Position |
| | | | Describe Major Duties: |
| Phone # | Starting Salary \$ | Final Salary \$ | |
| Reason for leaving | | | |
| Name of Supervisor, Title, and Phone Number | | | Additional References and Phone Number(s): |

| | | | |
|---|-----------------------|--------------------|--|
| Company Name | Date Started | Date Left | Starting Position |
| Address | Full-Time | Part-Time | Last Position |
| | | | Describe Major Duties: |
| Phone # | Starting Salary \$ | Final Salary \$ | |
| Reason for leaving | | | |
| Name of Supervisor, Title, and Phone Number | | | Additional References and Phone Number(s): |

| | | | |
|---|-----------------------|--------------------|--|
| Company Name | Date Started | Date Left | Starting Position |
| Address | Full-Time | Part-Time | Last Position |
| | | | Describe Major Duties: |
| Phone # | Starting Salary \$ | Final Salary \$ | |
| Reason for leaving | | | |
| Name of Supervisor, Title, and Phone Number | | | Additional References and Phone Number(s): |

Form W-4 (2011)

Purpose: Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your marital or individual situation changes.

Exemption from withholding: If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign to validate it. Your exemption for 2011 expires February 15, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of earned income (for example, interest and dividends).

Basic instructions: If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, and two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 419 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

Step 1. Enter 1 for yourself if no one else can claim you as a dependent.

• You are single and have only one job; or

• You are married, have only one job, and your spouse does not work, or

• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

Enter 0 for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)

Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.

Enter 1 if you will file as head of household on your tax return (see conditions under Head of household above).

Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.

Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.

If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

Enter 1 through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4

Employee's Withholding Allowance Certificate

OMB No. 1545-0047

2011

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Enter or print your first name and middle initial.

Last name

2 Your social security number

3 Enter address number and street or rural route

4 Enter city, state, and ZIP code

5 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

6 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

7 Enter the number of allowances you are claiming (from line H above or from the applicable worksheet on page 2).

8 Enter additional amount, if any, you want withheld from each paycheck.

9 I am exempt from withholding for 2011, and I certify that I meet both of the following conditions for exemption:

10 I expect a refund of all federal income tax withheld because I had no tax liability and

11 I expect a refund of all federal income tax withheld because I expect to have no tax liability.

12 I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

13 Signature of employee (unless you sign it).

14 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

Date

9 Office code (optional)

10 Employer identification number (EIN)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE

STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes.
 Return requirement to resident. Read instructions below before completing this form.

Revised January 1, 2001 or 1997

| | | | |
|--|--|------------------|--|
| 1. Social Security Number | | 2. Date of Birth | |
| 3. Line of Print: Your First Name, Middle Initial and Last Name | | | |
| 4. Driver License Number | | | |
| 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire <input type="checkbox"/> No | | | |
| Home Address (No. Street, P.O. Box or Rural Route) | | State ZIP Code | |

6. Enter the number of personal and dependent exemptions you are claiming
 Additional amount you want deducted from each pay
 Employer agrees)

6.

7. Claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):

☐ A Michigan income tax liability is not expected this year

☐ Wages are exempt from withholding. Explain:

☐ Permanent home (domicile) is located in the following Renaissance Zone:

EMPLOYEE:

If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

9. Employee's Signature

Date

INSTRUCTIONS TO EMPLOYER:

Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records if the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding. You must file their original MI-W4 form with the Michigan Department of Treasury, Mail to: New Hire Operations Center, P.O. Box 48908 Lansing MI 48908-5010

Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury
 10. Employer's Name, Address, Phone No. and Name of Contact Person

11. Federal Employer Identification Number

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (month/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone or you are a non-resident spouse of military personnel stationed in Michigan. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Visit the Treasury Web site at: www.michigan.gov/taxes

Applicant

Subject Request for Voluntary Self-Identification

The information you provide will be used exclusively for purposes consistent with applicable laws and regulations.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment or impact any Sodexo employment decisions.

Applicant Self-Identification Form

Name:

Initial:

☐ I do not wish to submit this information at this time.

Sex:

☐

Male

☐

Female

PART 1 ETHNIC IDENTIFICATION – PLEASE MARK ONLY ONE BELOW:

☐ **Hispanic or Latino:** A persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

If you did not check Hispanic or Latino above, please check one of the race categories below.

☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **Asian (Not Hispanic or Latino):** A person having origin in any of the original peoples of the Far East, South east Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the five races.

If you have any questions regarding completion of this form, please speak to the Unit Manager or Human Resources representative.

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Payne Landscaping, INC
2. Address of Contractor: 7635 E. DAVISON
DET MI 48212
3. Name of Predecessor Entities (if any): N/A
4. Prior Affidavit submission? ☒ No ☐ Yes, on: _____
(Date of prior submission)
- If "No", complete Items 5 and 6.

- If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5. ☒ Contractor was established in 1993 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

____ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

____ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

TERRY PAYNE (Printed Name) CEO (Title)
[Signature] (Signature) 10/22/14 (Date)

Subscribed and sworn to before me
this 22 day of OCTOBER

[Signature]
Notary Public Wayne County, Michigan
My Commission expires: 2/17/2016





December 1, 2014

**RFQ NO. 49313 – Snow Removal Services (Residential Streets) for two (2) years
with two (2) – one (1) year renewal options**

COMMODITY: Snow Removal Services (Residential Streets)

TO ALL BIDDERS:

This will acknowledge and thank you for your bid on the above. A study of the bids recommends awards as listed below. This preliminary notice does not constitute authority to proceed. Shipment or services shall not begin until a contract with written authorization or purchase order is in your possession. Please be advised that the city of Detroit will not be held responsible for shipments or services received prior to City Council approval.

FURNISH: Snow Removal Services (Residential Streets)

**TO: Brilar, LLC. Of Oak Park, MI
TELEPHONE (248) 547-6439**

| DISTRICT# | BASE BID |
|-----------|-----------------|
| 1 | \$55,000.00/ea. |
| 2 | \$67,000.00/ea. |
| 7 | \$62,250.00/ea. |

PRICE: Price Quoted is Firm for Contract Period
F.O.B. Delivered
TERMS: 2% 30 days

MIKE DUGGAN, MAYOR



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160

TO: Payne Landscaping of Detroit, MI
TELEPHONE (313) 885-6770

| DISTRICT# | BASE BID |
|-----------|-----------------|
| 3 | \$61,206.00/ea. |
| 4 | \$47,852.00/ea. |

PRICE: Price Quoted is Firm for Contract Period
F.O.B. Delivered
TERMS: 2% 30 days

TO: J.E. Jordan Landscaping of Detroit, MI
TELEPHONE (248) 579-7760

| DISTRICT# | BASE BID |
|-----------|-----------------|
| 5 | \$79,595.00/ea. |

PRICE: Price Quoted is Firm for Contract Period
F.O.B. Delivered
TERMS: 1/2 % 30 days

TO: Pavex Corporation of Trenton, MI
TELEPHONE (734-676-6220)

| DISTRICT# | BASE BID |
|-----------|-----------------|
| 6 | \$74,000.00/ea. |

PRICE: Price Quoted is Firm for Contract Period
F.O.B. Delivered
TERMS: 1% 30 days

MIKE DUGGAN, MAYOR



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160

If additional information is desired, please contact the purchases agent.

Sincerely



Bianca Washington, Purchases Agent

MIKE DUGGAN, MAYOR



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

Street Fund

1008 CITY-COUNTY BUILDING
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160

RFQ: 49313

Page 1 of 2

REFERRAL/RECOMMENDATION FORM

Date: October 30, 2014

Date to be Returned to
Purchasing Division November 7, 2014

To: Wendell Edwards, DPW

From: Bianca Washington, 224-0175

Purchases Agent and Phone Number

The attached documents are being referred for the following reason(s):

☐ Incomplete request: ☐ Budget Approval ☐ Cancelled ☒ Other

X Bid Analysis and Recommendation for: Snow Removal (Residential Streets)

The following bids are attached:

Payne Landscaping
Brilar, LLC.
J.E. Jordan Landscaping, Inc.
Pavex Corporation
Boulevard & Trumbull

No Bid:
Gleeor, Inc.

Your recommendations of a bidder are to be located in the space provided in the "Remarks" section on the next page of this form. Do not submit your recommendations on any other form.

3301-193832-06822-622900

REMARKS:

Include all recommendations and remarks below. Attach an additional sheet if necessary.

Your recommendation is to be based on the bid specifications and content of the bid. If the lowest bidder or bidders do not meet the specifications, list the major deviations for each. Rejections must be based on actual exceptions, or on details submitted in the bid.

Legal questions or concerns should be included in the analysis. If necessary, the Purchasing Division may request a legal opinion.

Recommendations for bids over \$5,000.00 must be approved by the Department Director, Deputy Director, or the appropriate persons listed on the "City of Detroit Authorized Signature Record."

Re: Snow Plowing Services Base Bid (residential streets)

Boulevard & Trumbull is the low bidder for all 7 districts but has subsequently rescinded their bid and therefore, no award shall be made.

Brilar, LLC is the second low bidder on 3 districts and has resources to justify awarding 3 districts. It is the recommendation of the Department of Public Works to award **District 1 to Brilar LLC @ \$220,000/year, District 2 @ \$268,000 and District 7 @ \$228,000.**

Payne Landscaping is the second low bidder on the four remaining districts but has the resources to justify awarding 2 districts. It is the recommendation of the Department of Public Works to award Payne Landscaping the following districts: **District 3 @ \$244,824/year. District 4 @ \$191,408/year.**

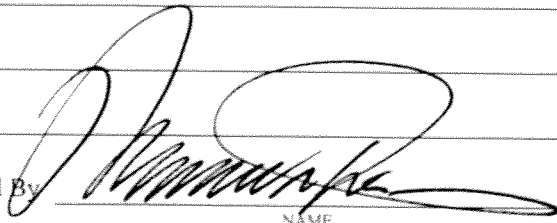
Jordan Landscaping is the next low bidder for **District 5** and therefore, the department recommends award of the contract @ **\$318,380/year.**

Pavex is the next low bidder on the remaining **District 6** and therefore, the department recommends award of the contract @ **\$296,000**

NOTE: Yearly amount is based on 4 events for the season (district bid x 4)

No award should be made for either Option #1 or 2 of the RFQ.

Approved By



NAME



TITLE

224-3932

PHONE NUMBER

Additional Comments Attached:

Yes _____ No _____

COMMODITY Snow Removal Services

SP SCIENCE

☒ **FORMAL**

AM ☒ PM ☐

☒ AM ☐ PM
☐ AM ☒ PM

☐ AM ☒ PM

C RECORDING ☐ **NO PUR**

[illegible][illegible]

PRESENT AT READING 4

SHEET 1 OF 1

☒ **FORMAL**

BID DEPOSIT ☒ YES ☐ NO

2 PM

☐ PUBLIC RECORDING

☐ NO PUBLIC OPENING OR RECORDING

[illegible]

PRESENT AT READING